



40071

9999

2-D Bar
Code2007
TC-40

Fiscal Year

Form 8886

X

Utah State Income Tax Dollars Fund Education

• Amended Return

Utah Individual Income Tax Return

X if deceased

Your Soc. Sec. No. THOMAS T BONES
400005201 SARAH E BONES
123 ANYWHERE ST

801-555-5201

Spouse's SSN
400005221 SALT LAKE CITY UT 84201

1 Filing Status - enter code A = Single • C B = Head of Household C = Married filing jointly D = Married filing separately E = Qualifying widow(er)	2 Exemptions - enter number a 1 Yourself b 1 Spouse c Dependents d Disabled dependents - see instr. e 2 Total exemptions (add a through d) } from federal return	3 Election Campaign Fund - enter code C = Constitution Yourself Spouse D = Democrat • R • D R = Republican N = No contribution Does not increase tax or reduce refund
---	---	--

4 a Federal adjusted gross income	• 4 a	46134 .		
4 b Additions to income from form TC-40S, Part 1	4 b	1000 .	4	47134 .
5 a State tax refund included on federal form 1040	• 5 a	.		
5 b Deductions from income from form TC-40S, Part 2	5 b	.	5	0 .
6 Modified federal adjusted gross income (subtract line 5 from line 4)	• 6	47134 .		
7 State income tax deducted as an itemized deduction on federal form 1040, Sch. A	• 7	1130 .		
8 Total adjusted income (add lines 6 and 7)	8	48264 .		
9 a Standard or itemized deduction	• 9 a	13772 .		
9 b Personal exemptions deduction (multiply \$2,550 by line 2e, unless limited)	• 9 b	5100 .		
9 c One-half of the federal tax	• 9 c	1526 .		
9 d Retirement exemption/deduction - TC-40B. Check box(es) if age 65 or over	• 9 d	2233 .	• X TP • SP	
9 e Other deductions from form TC-40S, Part 3	9 e	.	9	22631 .
10 Utah taxable income (subtract line 9 from line 8) If less than zero, enter zero	• 10	25633 .		
11 Enter "X" if you are a qualified exempt taxpayer (see instructions)	• 11			
12 Traditional tax calculation (calculate tax on page 17)	• 12	1501 .		
13 Flat tax rate calculation (multiply line 6 by .0535) See instr for UESP credit	• 13	2522 .		
14 Utah income tax (enter the lesser of line 12 or line 13)	14	1501 .		
15 FOR NON OR PART-YEAR RESIDENTS ONLY - Attach form TC-40C	• Nonresident • Part-year resident			
Box a - from Col. A, line 32	Box b - from Col. B, line 32	Box c - Utah income tax ratio	(Line 14 x Box c)	



• . / • . = . • 15 .

Last name **BONES**SSN **400-00-5201**

1 6	Enter tax (full-year resident, enter tax from line 14 - non or part-year resident, enter tax from line 15)	1 6	1501 .																																			
1 7	Nonrefundable credits from form TC-40S, Part 4	1 7	200 .																																			
1 8	Subtract line 17 from line 16 (Note: if line 17 is greater than or equal to line 16, enter zero)	1 8	1301 .																																			
1 9	Contributions - add lines 19a through 19e and enter total contributions on line 19																																					
	<table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> <th>Code</th> <th>Amount</th> <th>Sch Dist Code</th> </tr> </thead> <tbody> <tr> <td>0 1</td> <td>Utah Nongame Wildlife Fund</td> <td>• 1 9 a</td> <td>01</td> <td>25 .</td> </tr> <tr> <td>0 2</td> <td>Pamela Atkinson Homeless Trust Fund</td> <td>• 1 9 b</td> <td>02</td> <td>25 .</td> </tr> <tr> <td>0 3</td> <td>Kurt Oscarson Children's Organ Transplant Fund</td> <td>• 1 9 c</td> <td></td> <td>. .</td> </tr> <tr> <td>0 5</td> <td>School District & Nonprofit School District Foundation</td> <td>• 1 9 d</td> <td></td> <td>. .</td> </tr> <tr> <td>0 8</td> <td>Wolf Depredation Fund</td> <td>• 1 9 e</td> <td></td> <td>. .</td> </tr> <tr> <td>0 9</td> <td>Cat & Dog Community Spay and Neuter Program</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Code	Description	Code	Amount	Sch Dist Code	0 1	Utah Nongame Wildlife Fund	• 1 9 a	01	25 .	0 2	Pamela Atkinson Homeless Trust Fund	• 1 9 b	02	25 .	0 3	Kurt Oscarson Children's Organ Transplant Fund	• 1 9 c		. .	0 5	School District & Nonprofit School District Foundation	• 1 9 d		. .	0 8	Wolf Depredation Fund	• 1 9 e		. .	0 9	Cat & Dog Community Spay and Neuter Program				1 9	50 .
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2 0	AMENDED RETURNS ONLY - previous refund	• 2 0	. .																																			
2 1	Recapture of low-income housing credit	• 2 1	. .																																			
2 2	Utah use tax	• 2 2	. .																																			
2 3	Total tax, use tax and additions to tax (add lines 18 through 22)	2 3	1351 .																																			
2 4	UTAH TAX WITHHELD (must attach W-2s and/or 1099 forms)	• 2 4	1130 .																																			
2 5	Credit for Utah income taxes prepaid	• 2 5	. .																																			
2 6	AMENDED RETURNS ONLY - previous payments	• 2 6	. .																																			
2 7	Refundable credits from form TC-40S, Part 5	2 7	. .																																			
2 8	Total withholding and credits (add lines 24 through 27)	2 8	1130 .																																			
2 9	Tax Due - if line 23 is greater than line 28, subtract line 28 from line 23	TAX DUE • 2 9	221 .																																			
3 0	Penalty and interest	3 0	55 .																																			
3 1	Pay this amount (add lines 29 and 30)	3 1	276 .																																			
3 2	Refund - if line 28 is greater than line 23, subtract line 23 from line 28	REFUND • 3 2	. .																																			
3 3	Enter the amount of refund you want applied to your 2008 taxes	• 3 3	. .																																			
3 4	DIRECT DEPOSIT YOUR REFUND. Complete information below.																																					
	<table border="0"> <tr> <td>• Routing number</td> <td>• Account number</td> <td>Acct type</td> <td>• checking</td> <td>• savings</td> </tr> </table>	• Routing number	• Account number	Acct type	• checking	• savings																																
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Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.

SIGN	Your signature	Date	Spouse's signature	Date
HERE				
Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN	•
Paid Preparer's	Preparer's signature	Date	Preparer's telephone number	•
Section	Firm's name and address		Preparer's SSN/PTIN	•
			Preparer's EIN	•

Part 1 - Additions to Income (write the code and amount of each addition to income, see pages 5 and 6)

<u>Code</u>		<u>Code</u>		
5 1	Lump sum distribution	5 6	Child's income excluded from parent's return	• 5 7 8 0 0 .
5 2	State taxes allocated from estate/trust	5 7	Municipal bond interest	
5 3	Medical Savings Account (MSA) *	6 0	Untaxed income of a resident trust	• 6 9 2 0 0 .
5 4	Utah Educational Savings Plan (UESP) *	6 1	Untaxed income of a nonresident trust	
5 5	Reimbursed adoption expenses *	6 9	Equitable adjustments	• .
	* to the extent previously deducted from Utah income			• .
Total additions to income (add all additions to income and enter total here and on TC-40, line 4b)				1 0 0 0 .

Part 2 - Deductions from Income (write the code and amount of each other deduction, see pages 6 and 7)

<u>Code</u>		<u>Code</u>		
7 1	Interest from U.S. Government Obligations	7 8	Railroad retirement income	• .
7 7	Native American income:	7 9	Equitable adjustments	
	Enrollment number & Tribe -	8 2	Nonresident active duty military pay	• .
	Primary •	8 5	State tax refund distributed to beneficiary	• .
	Secondary •			• .
				• .
				• .
Total deductions from income (add all deductions from income and enter total here and on TC-40, line 5b)				• .

Part 3 - Other Deductions from Income (write the code and amount of each other deduction, see pages 8 and 9)

<u>Code</u>		<u>Code</u>		
7 2	Medical Savings Account (MSA)	7 5	Long-term care insurance premiums	• .
7 3	Utah Educational Savings Plan (UESP)	7 6	Adoption expenses	
7 4	Health care insurance premiums	8 1	Gains on capital transactions	• .
				• .
				• .
				• .
				• .
Total other deductions (add all other deductions and enter total here and on TC-40, line 9e)				• .

Attach completed schedule to your 2007 Utah Income Tax return

Last name

BONES

SSN

400-00-5201

Part 4 - Nonrefundable Credits (write the code and amount of each nonrefundable credit, see pages 10 through 13)

<u>Code</u>		<u>Code</u>		
0 1	At-home parent	1 0	Recycling market development zone	• 03 50 .
0 2	Qualified sheltered workshop - enter name below	1 1	Tutoring disabled dependents	
		1 2	Research activities	• 06 150 .
0 3	Carryover of prior credit for energy systems	1 3	Research machinery/equipment	
0 5	Clean fuel vehicle	1 7	Tax paid to another state (attach TC-40A)	• .
0 6	Historic preservation	1 9	Live organ donation expenses	
0 7	Enterprise zone	2 1	Renewable residential energy systems	• .
0 8	Low-income housing			• .
				• .
Total nonrefundable credits (add all nonrefundable credits and enter total here and on TC-40, line 17)				200 .

Part 5 - Refundable Credits (write the code and amount of each refundable credit, see page 15)

<u>Code</u>		<u>Code</u>		
3 9	Renewable commercial energy systems	4 6	Mineral production withholding	• .
4 0	Targeted business tax credit	4 7	Agricultural off-highway gas/undyed diesel	
4 1	Special needs adoption credit	4 8	Farm operation hand tools	• .
4 3	Nonresident shareholder's withholding			• .
	FEIN -			• .
Total refundable credits (add all refundable credits and enter total here and on TC-40, line 27)				. .

Attach completed schedule to your 2007 Utah Income Tax return

Taxpayer last name

Taxpayer social security number

Retirement Income Exemption/Deduction

TC-40B Rev. 12/07

You may qualify to take the retirement income exemption/deduction if **(1)** you, *or your spouse if filing jointly*, are age 65 or older at the end of the tax year; or **(2)** you, *or your spouse if filing jointly*, are under age 65 and received qualifying taxable retirement income. See pages 6 and 7 of instructions for definition of qualifying retirement income.

1. Age 65 or older - Retirement Income Exemption

Check the "Self" box if age 65 or older. ☐ Self ☐ Spouse

If filing jointly, check the "Spouse" box if spouse is age 65 or older.

Total boxes checked _____ x \$7,500 = 1 \$ 00

2. Under age 65 - Retirement Income Deduction (if you, and your spouse if filing jointly, are age 65 or older, skip to line 3)

Line 2a is limited to qualifying taxable retirement income up to \$4,800 per retiree and can only be used by the retiree who earned the income. ATTACH ALL FORMS 1099-R, SSA-1099, or other documentation to support your deduction.

		Self	Spouse	
	Date of birth ▶			
a. Qualified retirement income	a	\$	\$	
b. Retirement limitation	b	4,800	4,800	
c. Enter the lesser of a or b for each column.	c	+		= 2 00
<i>Add Self and Spouse amounts on line c for total.</i>				

3. Total (add lines 1 and 2) 3 00

4. Adjusted income

a. Enter federal adjusted gross income (form TC-40, line 4a)	4a		00	
b. Enter any lump sum distribution amount (form TC-40S, Part 1, code 51)	4b		00	
c. Enter non-taxable interest amount (federal form 1040 or 1040A, line 8b)	4c		00	
d. Adjusted income (add lines 4a through 4c)	4d		00	
5. Enter: \$32,000 - if married filing jointly, head of household, or qualifying widow(er) \$16,000 - if married filing separately \$25,000 - if single	5		00	Round to nearest whole dollar
6. Subtract line 5 from line 4d (if less than zero, enter zero)	6		00	
7. One-half of line 6 (line 6 divided by 2)	7		00	
8. Subtract line 7 from line 3. This is your retirement exemption/deduction. Enter on TC-40, line 9d. Do not enter an amount less than zero.	8	\$	00	

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code The Butcher Shop 575 E 415 S Salt Lake City, Utah 84134		1 Gross distribution \$ 1,800.00		OMB No. 1545-0119 <div style="font-size: 2em; font-weight: bold;">2007</div> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.
		2a Taxable amount \$ 1,800.00			
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>			
PAYER'S Federal identification number 86-4567089	RECIPIENT'S identification number 400-00-5221	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
RECIPIENT'S name Sarah E Bones		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 123 Anywhere Street		7 Distribution code(s) <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <input type="checkbox"/> IRA/SEP/SIMPLE </div> </div>	8 Other \$ %		
City, state, and ZIP code Salt Lake City, Utah 84201		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (optional) 		10 State tax withheld \$ \$	11 State/Payer's state no. 		
		13 Local tax withheld \$	14 Name of locality 		
			15 Local distribution \$		

Form **1099-R**

Cat. No. 14436Q

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code Calcium Supply Company 45 Deposit Place Salt Lake City, Utah 84134		1 Gross distribution \$ 44,334.00		OMB No. 1545-0119 2007 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.
		2a Taxable amount \$ 44,334.00			
		2b Taxable amount not determined <input type="checkbox"/>			
Total distribution <input type="checkbox"/>					
PAYER'S Federal identification number 86-1234567	RECIPIENT'S identification number 400-00-5201	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2952.58	
RECIPIENT'S name Thomas T Bones		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 123 Anywhere Street		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
City, state, and ZIP code Salt Lake City, Utah 84201		9a Your percentage of total distribution %		9b Total employee contributions \$	
Account number (optional)		10 State tax withheld \$ 1130.40		11 State/Payer's state no. UT Y45670	
		13 Local tax withheld \$		14 Name of locality	
				15 Local distribution \$	

Form **1099-R**

Cat. No. 14436Q

Department of the Treasury - Internal Revenue Service

Label

(See instructions on page 16.)
Use the IRS label.
Otherwise, please print or type.

Presidential

Election Campaign

For the year Jan. 1–Dec. 31, 2007, or other tax year beginning

, 2007, ending

, 20

OMB No. 1545-0074

L
A
B
E
L

H
E
R
E

Your first name and initial

THOMAS T

Last name

BONES

If a joint return, spouse's first name and initial

SARAH E

Last name

BONES

Home address (number and street). If you have a P.O. box, see page 16.

123 ANYWHERE ST

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

SALT LAKE CITY UT 84201

Your social security number

400 00 5201

Spouse's social security number

400 00 5221

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶

☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.b ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependents relationship to you

(4) ☒ If qualifying child for child tax credit (see page 19)

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above ▶

2

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount (see page 25)

16a Pensions and annuities

16a

b Taxable amount (see page 26)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount (see page 27)

21 Other income. List type and amount (see page 29)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

7 44334

8a

8b

9a

9b

10

11

12

13

14

15b

16b 1800

17

18

19

20b

21

22 46134

Adjusted Gross Income

23 Educator expenses (see page XX)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 29)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction (see page 31)

33 Student loan interest deduction (see page 33)

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37 46134

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others:
Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	46134
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13772
41	Subtract line 40 from line 38	41	32362
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page XX	42	6800
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	25562
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	3052
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	3052
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page XX). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	3052

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	3052

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	2953
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 60)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	2953

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	99
77	Estimated tax penalty (see page 62)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☐ Yes. Complete the following. ☐ No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	



SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2007

Attachment
Sequence No. 07

Name(s) shown on Form 1040

THOMAS T & SARAH E BONES

Your social security number

400 00 5201

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1		
2	Enter amount from Form 1040, line 38	2		
3	Multiply line 2 by 7.5% (.075)	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid (See page A-2.)	5 State and local (check only one box):			
	a <input checked="" type="checkbox"/> Income taxes, or	5	1130	
	b <input type="checkbox"/> General sales taxes	6	1258	
	6 Real estate taxes (see page A-5)	7		
	7 Personal property taxes	8		
	8 Other taxes. List type and amount ▶			
	9 Add lines 5 through 8	9		2388
Interest You Paid (See page A-5.)	10 Home mortgage interest and points reported to you on Form 1098	10	6972	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶	11		
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See page A-6 for special rules	12		
	13 Qualified mortgage insurance premiums (See page A-7)	13		
	14 Investment interest. Attach Form 4952 if required. (See page A-7.)	14		
	15 Add lines 10 through 14	15		6972
Gifts to Charity If you made a gift and got a benefit for it, see page A-7.	16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8	16	1212	
	17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	17		
	18 Carryover from prior year	18		
	19 Add lines 16 through 18	19		1212
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)	20		3200
Job Expenses and Certain Miscellaneous Deductions (See page A-9.)	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶	21		
	22 Tax preparation fees.	22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶	23		
	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38	25		
	26 Multiply line 25 by 2% (.02)	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
Other Miscellaneous Deductions	28 Other—from list on page A-9. List type and amount ▶	28		
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.	29		13772
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			